EST AVAILABLE CO

10/635,127

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

(1) 201200 2

| Effective January 1, 2003   |  |   |                                      |  |                  | GP-303003           |                        |                               |                     |                        |
|---|--|---|--------------------------------------|--|------------------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |                                      |  | ımn 2)           | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
| TOTAL CLAIMS  |  |   | 14                                   |  |                  | RATE                | FEE                    |                               | RATE                | FEE                    |
| FOR   |  | NUMBER FILED                              | NUME                                 | BER EXTRA                                  | BASIC FEE        | 375.00              | OR                     | BASIC FEE                     | 750.00              |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 14 minus 2                           | *  |                  | X\$ 9=              |                        | OR                            | X\$18≡              |                        |
| INDEPENDENT CLAIMS  |  |   | 4 minus                              | 3 = * /                                    |                  | X42=                |                        | OR                            | X84=                | 84                     |
| MULTIPLE DEPENDENT CLAIM P  |  |   | RESENT                               |  | +140=            |                     | OR                     | +280=                         |                     |                        |
| * If  | the difference                                 | in column 1 is                            | ess than zero, enter "0" in column 2 |  | TOTAL            |                     |                        | TOTAL                         | 834                 |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                                      |  |                  | SMALL               | ENTITY                 | OR                            | OTHER<br>SMALL      | THAN                   |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | PF                                   | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 14                                      | Minus **                             | 20   | = /              | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|   | Independent                                    | * Y                                       | Minus ***                            |  | = (              | X42=                |                        | OR                            | X84=                | 7                      |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |  |                  | +140=               |                        | OR                            | +280= /             |                        |
| TOTAL ADDIT, FEE  |  |   |                                      |  |                  |                     |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                      |  |                  |                     |                        |                               |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | PE                                   | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus **                             | a. 4e                                      | =                | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|   | Independent                                    | *   | Minus ***                            |  | -                | X42=                |                        | OR                            | X84=                |                        |
| L   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEPENE                       | DENT CLAIM                                 |                  | +140=               |                        | OR                            | +280=               |                        |
|   |  |   |                                      |  |                  | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |                                      | Column 2)                                  | (Column 3)       | 7,007               |                        |                               | , , , , , , ,       |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | PI PI                                | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE | Q                             | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus **                             |  | =                | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|   | Independent                                    | *   | Minus ***                            |  | ]=               | X42=                |                        | OR                            | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |  |                  |                     |                        | OR                            | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write *0* in column 3.   |  |   |                                      |  |                  |                     |                        | OR                            | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                      |  |                  |                     |                        |                               |                     |                        |